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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Examiner Brian J. Broadhead	S. Jared Pitts, Reg. No. 38,579 <input checked="" type="checkbox"/>
COMPANY:	DATE:
USPTO	TUESDAY, JANUARY 06, 2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703.872.9306	11
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
703.308.4357	170-00-004-1170
RE:	RECIPIENT'S REFERENCE NUMBER:
Response	10/053,183

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

PLEASE RECYCLE

NOTES/COMMENTS:

FORMAL COMMUNICATION
INTENDED FOR ENTRY

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/053,183	
	Filing Date	November 9, 2001	
	First Named Inventor	Kenneth W. HENRY	
	Group Art Unit	3661	
	Examiner Name	Brian J. Broadhead	
Total Number of Pages in This Submission	10	Attorney Docket Number	170-00-004-1170

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	S. Jared Pitts, Reg. No. 38,579
Signature	<i>S. Jared Pitts</i>
Date	6 Jan 2004

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Type or printed name	S. Jared Pitts	
Signature	<i>S. Jared Pitts</i>	Date 6 Jan 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (08-03)

Approved for use through 7/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 10/053,183			
CLAIMS AS FILED - PART I									
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					\$		\$		
TOTAL CLAIMS (37 CFR 1.16(c))	17	minus 20 =		X \$		X \$			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 =		X \$		X \$			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+	\$	+	\$		
				TOTAL		TOTAL	870.00		
<p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>									
CLAIMS AS AMENDED - PART II									
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))	17	20	= 0	X \$		X \$			
Independent (37 CFR 1.16(b))	4	3	= 1	X \$		X \$ 86	86.00		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$	+	\$		
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	86.00		
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))			=	X \$		X \$			
Independent (37 CFR 1.16(b))			=	X \$		X \$			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$	+	\$		
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))			=	X \$		X \$			
Independent (37 CFR 1.16(b))			=	X \$		X \$			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$	+	\$		
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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